

**Application for License to  
Operate a Long-term Care Facility**

For Office Use Only
Received <u>2/7/12</u>
Amount <u>1800.00</u>

# 024 5486 2

**I. IDENTIFICATION**

Name Richmond Place Rehabilitation and Health Center

Address 2770 Palumbo Drive

City/County/Zip Lexington, KY

Telephone number 859-263-2410

Administrator Mr. Jamie Gitzinger

Date facility operation began at current address Since 1986 (Under previous ownership)

Date facility began operation under current owner July 1, 2007

<b>II. TYPE BEDS</b>	<b>No. beds licensed</b>	<b>No. beds requested</b>
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Skilled	<u>                    </u>	<u>                    </u>
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Nursing Home	<u>                    </u>	<u>                    </u>
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Nursing Facility	<u>120</u>	<u>120</u>
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Intermediate Care	<u>                    </u>	<u>                    </u>
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ICF/MR	<u>                    </u>	<u>                    </u>
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Personal Care	<u>                    </u>	<u>                    </u>
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**II. CONTROL (check one in each column)**

State	Profit <input checked="" type="checkbox"/>	Individual
County	Nonprofit	Partnership
City		Corporation <input checked="" type="checkbox"/> (LLC)
Private <input checked="" type="checkbox"/>		

**II. OWNERSHIP**

Name and address of individual owner, partners or corporation. If partnership, list partners.

BLC Lexington SNF, LLC

**RECEIVED**

FEB 07 2012

OFFICE OF INSPECTOR GENERAL

(OVER)

If facility owned or leased by a corporation, complete the following:

Name of corporation American Retirement Corporation

Address of corporation 111 Westwood Place, Suite 200, Brentwood, TN

President or Chairman Co Presidents - John P. Rijos and Mark Ohlendorf

Vice President EVP – Kristin A. Ferge and T. Andrew Smith

Secretary T. Andrew Smith

Treasurer Kristin A. Ferge

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility. **N/A**

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation. **Please see attached.**

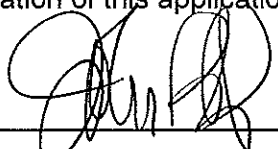
If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent  
**Brookdale Senior Living Inc**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Management Company  
**N/A**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

  
\_\_\_\_\_  
Signature of authorized representative

Co-President      02-02-12  
Title                              Date

Return Application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)